OFFICE OF THE STATE PUBLIC DEFENDER

INVESTIGATOR'S SUMMARY OF EDUCATION AND EXPERIENCE

Please complete and attach a current copy of your resume.

Name:				
	First	Middle	Last	
Address:				
Audress.	Business			
	Home			
Business F	Phone:	Other phone:		_
E-mail:				_
YOUR EI	DUCATION:			
Undergrad	luate:	Degree	e Date	_
Please note	e below any other relevant	graduate, professional, or v	ocational education:	
YOUR SP	PECIAL SKILLS / INTE	RESTS:		
-	eve you have special skills tain types of cases, please a		d make you more qualified to	
() Foreig	n Language Proficiency			
() DNA	or forensic training			
() Menta	al health training / experier	ice		
() Chem	nical dependency training /	experience		
	enforcement training / expe	_		
() Cultu	ral sensitivity training			
() Other	. 0			

Please let us types of case	know if you have a special interest or experience in particular areas of the law or es:
() Death Po	enalty
() Homicid	le
() Crimes of	of Violence
() Sexual A	Assaults
() Drug cas	ses
() Property	Crimes
() Theft Cr	imes
() Juvenile	Delinquency
() Appellat	te / PCR
() Mental	health law
() Depende	ency & Neglect
() Guardia	anships / Conservatorships
() Other	
	Γ OF INTEREST DETERMINATION:
	ate the type of case tracking system you employ to monitor potential conflicts of D indicate whether you can provide that data to the Office of the State Public
CITIES AN	ID/OR COUNTIES IN WHICH YOU ARE WILLING TO WORK:

REFERENCES:

You may call the following people familiar with my investigative skills call for a reference:

<u>Name</u>	Phone Number
1	
2	
3	
SELF CERTIFICATION: (Please cl	neck ones that are applicable.)
() I believe that I have the experience case to which I am appointed, incl	e, education, and training to effectively handle any criminal uding complex prosecutions.
() I believe I have the experience, ed felony criminal case under the Mo	ucation, and training to effectively handle any "routine" ontana Criminal Code.
() I believe I have the experience, ed misdemeanor cases.	ucation, and training to effectively handle criminal
() Other (please specify)	
Signature	Date
Please send this completed form to:	Office of the State Public Defender 44 W. Park Butte, MT 59701 Telephone: (406) 496-6080 Fax: (406) 496-6098
	Or e-mail to OPD Central Services Division

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